

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525,666

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3	1	2					53						
4	2						54						
5	1	2					55						
6	1	2					56						
7	1	2					57						
8	1	2					58						
9	1	2					59						
10	1	2					60						
11	1	2					61						
12	1	2					62						
13	+	1					63						
14	1						64						
15	1	2					65						
16	2	1					66						
17	1	2					67						
18							68						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓										
TOTAL DEP.	15	←		←		←		↓					
TOTAL CLASMS	17	←		←		←		↓					